

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00053553       </div>							
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on										
Full Name (Last, First, Middle Initial) of Payee <b>National Rifle Association of America</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 01 / 2012</div> </div>							
Mailing Address 11250 Waples Mill Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27424.47</div>							
City Fairfax State VA Zip Code 22030		<b>Transaction ID : 46716623</b>								
Purpose of Expenditure Salary / Benefits		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____							
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Full Name (Last, First, Middle Initial) of Payee			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>							
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>							
City State Zip Code			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____							
Purpose of Expenditure			Category/Type							
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....</td> <td style="width: 40%; text-align: right;">27424.47</td> </tr> <tr> <td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....</td> <td></td> </tr> <tr> <td>(c) <b>TOTAL</b> Independent Expenditures.....</td> <td style="text-align: right;">27424.47</td> </tr> </table>					(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	27424.47	(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		(c) <b>TOTAL</b> Independent Expenditures.....	27424.47
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(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....										
(c) <b>TOTAL</b> Independent Expenditures.....	27424.47									
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p>Mary Rose Adkins</p> <p>Signature _____</p> </div> <div style="width: 20%; text-align: center;"> <p>[Electronically Filed]</p> </div> <div style="width: 20%; text-align: center;"> <p>Date</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 03 / 2012</div> </div> </div> <div style="width: 20%;"></div> </div>										